(AF			TOPING AND A REPORT OF THE PARTY OF THE PART	COMMENT AT		
		PARTB-	fee(s) trai	ADMITTAL	;	
/	nistern, together with	applicable fee(s), to: <u>Mail</u>	Mail Stop ISSUE Commissioner for P.O. Box 1450	r Patents	
NON 08.	2005		_	Alexandria, Virgi	inia 22313-1450	
1 401 03	<u> </u>		or <u>Fax</u>	(571) 273-2885	end) Blocks I through \$ 8	hould be completed when
NSTRUCTIONS: This for appropriate of further cornadicated unhangerrected	m should be used for trans responded including the P of directed otherwise	mitting the ISSUE atent, advance order in Block 1, by (a) s	FRE and PUBLIC s and notification pecifying a new o	of maintenance fees worrespondence address;	ill be mailed to the current and/or (b) indicating a scpa	correspondence address a rate "FEE ADDRESS" for
CURRENT CORRESPONDENCE	5 ADDRESS (Note: Use Block) for a	ny change of address)			mailing can only be used for a certificate cannot be used it paper, such as an assignment of mailing or transmission.	
	90 08/10/2005			_		
Martha Ann Finn Cabot Corporation 157 Concord Road				I hereby certify that the States Postal Service valdressed to the Mai	tificate of Mailing of Transits Fee(s) Transmittal is bein with sufficient postage for fit I Stop ISSUE FEE address TO (571) 273-2885, on the control of the	g deposited with the Unit of class mail in an envelonabove, or being facsimeter indicated below.
Billerica, MA 0182	21-7001			Martha	Ann Finnogan	(Depositor's nate
)/2005 TBESHAH2 000(0052 030060 10620	314		Marcha	Ann Finnegan	Quite Signatur
:1501 1400.00) DA			antimica .	1 - 2005	(Da
C:1504 300.00) DA			9 Novem		CONFIRMATION NO.
APPLICATION NO.	DA FILING DATE	FI.	RST NAMED INVE	NTOR	ATTORNEY DOCKET NO.	
10/620,314 07/15/2003		Mikhail Y. Kuchalov		lov	02116	7950
TITLE OF INVENTION: S	PUTTERING TARGET AS	SEMBLIES USING	resistance Wi	LDING		
		•				
					TOTAL FEE(S) DUE	DATE DUE
APPLN, TYPE	SMALL ENTITY	ISSUE FEE	<u> </u>	UBLICATION FEE		11/10/2005
nonprovisional	NO	\$1400		\$300	\$1700 7	
EXAMINER		ART UNIT		LASS-SUBCLASS	_	
SHAW, C	LIFFORD C	. 1725		219-078160		
1. Change of corresponden	ce address or indication of "F	ee Address" (37	2. For printing or	the patent front page, l up to 3 registered pate	ist .	***************************************
CFR 1.363).	pdence address (or Change of 122) attached.	Correspondence	or agents OR, alt	ematively,	2	
Address form PTO/SB/	(22) attached.			a single firm (baving 25 ev or agent) and the pa		
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.			
Number is required.						
Number is required.	PRESIDENCE BATA TO	BE PRINTED ON TI	HE PATENT (prin	t or type)	:- identified below the	document has been filed
Number is required.	PRESIDENCE BATA TO	BE PRINTED ON THE PRI	HE PATENT (print are will appear on a substitute for fil	t or type) the patent. If an assignment.	ence is identified below, the	document has been filed
Number is required.	D RESIDENCE DATA TO 1 ss an assignee is identified to 37 CFR 3.11. Completion	pelow, no assignee d of this form is NOT	ata will appear on a substitute for fil	t or type) the patent. If an assignment TY and STATE OR CO	ence is identified below, the	document has been filed
3. ASSIGNEE NAME AN PLEASE NOTE: Unler recordation as set forth (A) NAME OF ASSIGN	D RESIDENCE DATA TO 1 ss an assignee is identified to 37 CFR 3.11. Completion	pelow, no assignee d of this form is NOT	ata will appear on a substitute for fill RESIDENCE: (C	the patent. If an assigning an assignment. ITY and STATE OR CO. N., MASSACHUS	DUNTRY) SETTS	
3. ASSIGNEE NAME AN PLEASE NOTE: Unlet tecordation as set forth (A) NAME OF ASSIGN	D RESIDENCE DATA TO I ss an assigned is identified to in 37 CFR 3.11. Completion NHE RPORATION	pelow, no assignee d of this form is NOT (B)	ata will appear on a substitute for fil RESIDENCE: (C	the patent. If an assigning an assignment. ITY and STATE OR CO N, MASSACHUS	OUNTRY)	
3. ASSIGNEE NAME AN PLEASE NOTE: Unlet recordation as set forth (A) NAME OF ASSIGN CABOT COR	D RESIDENCE DATA TO I ss an assignee is identified to in 37 CFR 3.11. Completion NRE RPORATION ate assignee category or category	pelow, no assignee do of this form is NOT (B) pories (will not be pri	ata will appear on a substitute for fill RESIDENCE: (C BOSTO made on the patent) Payment of Fee(s	the patent. If an assigning an assignment. ITY and STATE OR CO M, MASSACHUS : Ondividual	OUNTRY) SETTS Corporation or other private (
Number is required. 3. ASSIGNEE NAME AN PLEASE NOTE: Unlet tecordation as set forth (A) NAME OF ASSIGN	D RESIDENCE DATA TO I ss an assignee is identified to in 37 CFR 3.11. Completion NRE RPORATION ate assignee category or category	pelow, no assignee do of this form is NOT (B) cories (will not be pri	ata will appear on a substitute for fill RESIDENCE: (C) BOSTO made on the patent) Payment of Fee(s) A check in the	the patent. If an assigning an assignment. ITY and STATE OR CO M., MASSACHUS : Dindividual : amount of the fee(s) is	DUNTRY) SETTS Corporation or other private penclosed.	
Number is required. 3. ASSIGNEE NAME AN PLEASE NOTE: Unler recordation as set forth (A) NAME OF ASSIGN CABOT COF Please check the approprim 42. The following fee(s) as The same fee	D RESIDENCE DATA TO I ss an assignee is identified to in 37 CFR 3.11. Completion NRE RPORATION ate assignee category or category	pelow, no assigned did filis form is NOT (B) cories (will not be pri	ans will appear or of a substitute for fill RESIDENCE: (C BOSTO made on the patent) Payment of Fee(s A check in the	the patent. If an assigning an assignment. ITY and STATE OR CO N, MASSACHUS : Individual : amount of the fee(s) is a still card. Form PTO-20	DUNTRY) SETTS Corporation or other private panelosed. 38 is anached.	group entity Governm
3. ASSIGNEE NAME AN PLEASE NOTE: Unler recordation as set forth (A) NAME OF ASSIGN CABOT COP Please check the approprim 4s. The following fee(s) as	D RESIDENCE DATA TO I ss an assignee is identified to in 37 CFR 3.11. Completion NRE RPORATION the assignee category or categore enclused: to small entity discount permit	pelow, no assigned did filis form is NOT (B) cories (will not be pri	ans will appear or of a substitute for fill RESIDENCE: (C BOSTO made on the patent) Payment of Fee(s A check in the	the patent. If an assigning an assignment. ITY and STATE OR CO N, MASSACHUS : Individual : amount of the fee(s) is a still card. Form PTO-20	DUNTRY) SETTS Corporation or other private panelosed. 38 is anached.	group entity Governm
Number is required. 3. ASSIGNEE NAME AN PLEASE NOTE: Unler recordation as set forth (A) NAME OF ASSIGNEE CABOT COFFIces check the approprimate of the set of the se	D RESIDENCE DATA TO I ss an assignee is identified to in 37 CFR 3.11. Completion NRE RPORATION the assignee category or category are enclosed: to small entity discount permit of Copies	pelow, no assigned di of this form is NOT (B) pories (will not be pri 4b. pred) X XVe) 6 37 CFR 1-27.	ans will appear or a substitute for fill RESIDENCE: (C BOSTO made on the patent) Payment of Feets Payment by cr Proposit Account I b. Applicant is	the patent. If an assigning an assignment. ITY and STATE OR CO N, MASSACHUS individual	DUNTRY) BETTS Corporation or other private genelosed. 38 is attached. charge the required fee(s), (enclose an extra	group entity Government Government or credit any overpayment copy of this form). CFR 1.27(g)(2).
Number is required. 3. ASSIGNEE NAME AN PLEASE NOTE: Unler recordation as set forth (A) NAME OF ASSIGNEE CABOT COFFIces check the approprimate of the set of the se	D RESIDENCE DATA TO I ss an assignee is identified to in 37 CFR 3.11. Completion NRE RPORATION the assignee category or category are enclosed: to small entity discount permit of Copies	pelow, no assigned di of this form is NOT (B) pories (will not be pri 4b. pred) X XVe) 6 37 CFR 1-27.	ans will appear or a substitute for fill RESIDENCE: (C BOSTO made on the patent) Payment of Feets Payment by cr Proposit Account I b. Applicant is	the patent. If an assigning an assignment. ITY and STATE OR CO N, MASSACHUS individual	DUNTRY) BETTS Corporation or other private genelosed. 38 is attached. charge the required fee(s), (enclose an extra	group entity Government Government or credit any overpayment copy of this form). CFR 1.27(g)(2).
Number is required. 3. ASSIGNEE NAME AN PLEASE NOTE: Unlet recordation as set forth (A) NAME OF ASSIGNEE CABOT COFFIcase check the appropriate. The following fee(s) at the fee(s) at the following fee(s) at the	D RESIDENCE DATA TO I see an assignee is identified to 137 CFR 3.11. Completion NHE RPORATION the assignee category or categore enclused: to small entity discount permit of Copies	pelow, no assigned di of this form is NOT (B) pories (will not be pri 4b. pred) X XVe) 6 37 CFR 1-27.	ans will appear or a substitute for fill RESIDENCE: (C BOSTO made on the patent) Payment of Feets Payment by cr Proposit Account I b. Applicant is	the patent. If an assigning an assignment. ITY and STATE OR CO N, MASSACHUS individual	DUNTRY) BETTS Corporation or other private genelosed. 38 is attached. charge the required fee(s), (enclose an extra	or credit any overpayment copy of this form). CFR 1.27(g)(2). ication identified above, the assignee or other particular and the control of
Number is required. 3. ASSIGNEE NAME AN PLEASE NOTE: Unler recordation as set forth (A) NAME OF ASSIGNEE CABOT COFFIces check the appropriate. The following fee(s) at the f	D RESIDENCE DATA TO I ss an assignee is identified to in 37 CFR 3.11. Completion NHE RPORATION The assignee category or category or category or category or category or category of Copies	pelow, no assignee di of this form is NOT (B) pories (will not be pri 4b.	ans will appear or a substitute for fill RESIDENCE: (C BOSTO made on the patent) Payment of Feets Payment by cr Proposit Account I b. Applicant is	the patent. If an assigning an assignment. ITY and STATE OR CO N, MAS SACHUS individual individual	DUNTRY) BETTS Corporation or other private penclosed. 38 is attached. charge the required foc(s), (enclose an extra centre of the sequence	or credit any overpayment copy of this form). CFR 1.27(g)(2). ication identified above, the assignee or other particular and the control of

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments of the article year tenter of Commerce, P.O. this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Department of Commerce, P.O. Box 1450, Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 07/05) Approved for use through 04/30/2007.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE